

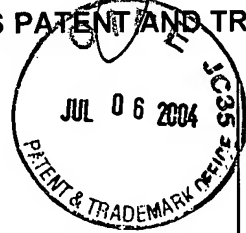
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:
 Date: July 2, 2004 Name: James A. Collins Signature: James A. Collins

17W

**BRINKS
HOFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Appln. of: **Farrell et al.**

Appln. No.: **10/713,126**

Filed: **November 14, 2003**

For: **System and Method for Controlling Markets During a Stop Loss Trigger**

Examiner: To be assigned

Art Unit: 3622

Attorney Docket No: **4672/310**

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir: **Attached is/are:**

- ☒ Change of Correspondence Address, Application.
- ☒ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
- ☐ Small Entity.
- ☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
- ☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____).
- ☐ An additional filing fee has been calculated as shown below:

| | | | | | Small Entity | | | Not a Small Entity | |
|---|----------------------------------|-------|---------------------------------|---------------|--------------|-----------|----|--------------------|-----------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Add'l Fee | or | Rate | Add'l Fee |
| Total | | Minus | | | x \$9= | | | x \$18= | |
| Indep. | | Minus | | | x 43= | | | x \$86= | |
| First Presentation of Multiple Dep. Claim | | | | | +\$145= | | | +\$290= | |
| | | | | | Total | \$ | | Total | \$ |

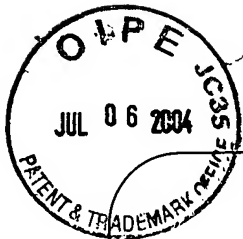
Fee payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
- ☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

July 2, 2004
Date

James A. Collins
James A. Collins (Reg. No. 43,557)
Agent for Applicants
Customer No.: 00757



CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|----------------|
| Application Number | 10/713,126 |
| Filing Date | Nov. 14, 2003 |
| First Named Inventor | Farrell et al. |
| Art Unit | 3622 |
| Examiner Name | To be assigned |
| Attorney Docket Number | 4672/310 |

Please change the Correspondence Address for the above identified application to:

☒ Customer Number **00757 - Brinks Hofer Gilson Lione**
Type Customer Number Here

*Place Customer
Number Bar Code
Label here*

OR

| | | | | |
|--|-------|-----|--|--|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "request for Customer Number Data Change" (PTO/SB/124).

I am the

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or Agent of record.
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed

Name James A. Collins, Reg. No. 43,557

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form is submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.